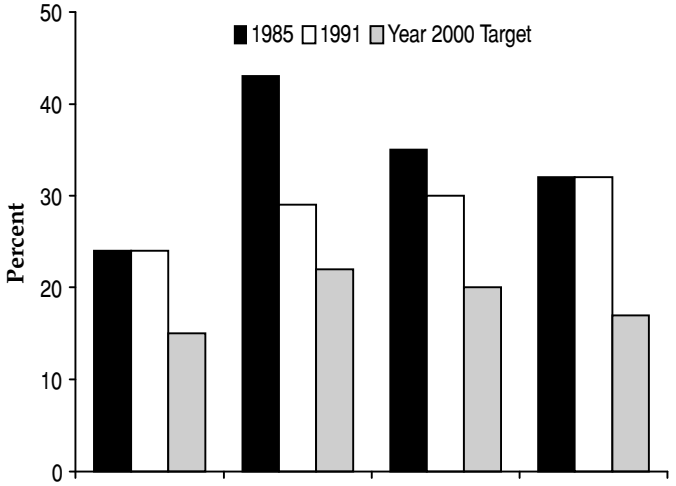
PROGRESS REPORT FOR: Physical Activity and Fitness

ON APRIL 26, 1995, the Public Health Service (PHS) conducted the second review of progress on HEALTHY PEOPLE 2000 objectives for Physical Activity and Fitness. The lead agency for this priority area is the President's Council on Physical Fitness and Sports (PCPFS) with the National Center for Chronic Disease Prevention and Health Promotion of the Centers for Disease Control and Prevention (CDC) as the science advisor. Other PHS participants in the progress review included the National Heart, Lung, and Blood Institute and the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health (NIH); and the Indian Health Service. Federal representatives from the Department of Education and the U.S. National Guard also attended. They were joined for the review by invited guests from Queens College; American College of Sports Medicine; American Running and Fitness Association; American Association of Retired Persons; National Association of Governor's Councils on Physical Fitness and Sports; National Recreation and Park Association; Hillcrest (New York) High School; American Alliance for Health, Physical Education, Recreation, and Dance; Sporting Goods Manufacturers Association; International Health, Racquet and Sports Club Association; Mid Atlantic Club Management Association; Society of State Directors of Health, Physical Education, Recreation, and Dance; Association for Worksite Health Promotion; and Maryland Department of Health.

The progress review began with an overview by the Executive Director of PCPFS that highlighted the importance of physical activity for maintaining optimal health and functional status. Regular physical activity can reduce the risk of major health problems and improve overall well-being. In its leadership role for tracking these objectives, PCPFS has recently published a strategic plan that discusses current and future programs and activities in support of the year 2000 objectives. The progress review was focused around four broad topics of discussion: reduction of sedentary lifestyles, reaching priority populations, school-based programs, and access to fitness programs and facilities.

Four objectives (1.3–1.6) are related to increasing the amount of physical activity performed across various segments of the population. Objective 1.3, which seeks to increase the proportion of the population who participate in regular moderate physical activity, has shown modest improvement. Between 1985 and 1991, adults who performed moderate activity increased from 22 to 24 percent (five times per week) and from 16 to 17 percent (seven times per week). Similarly there was some improvement in the proportion of people who report no leisure-time physical activity (objective 1.5). Although there was no change in sedentary behavior overall for adults —24 percent both in the 1985 baseline and in 1991—various segments of the population did show improvement (see Figure 1; also note that operational definition of no leisure-time physical activity was revised between 1985 and 1991 data). The percentage of adults reporting no leisure-time physical activity dropped for adults age 65 and older, from 43 percent in 1985 to 29 percent in 1991, for people with disabilities, from 35 percent in 1985 to 30 percent in 1991, and remained at 32 percent for those with low income. In an effort to promote the benefits of engaging in physical activity on a regular basis, a public health recommendation was published in the *Journal of the American Medical Association* on February 1, 1995. The recommendation was the product of a meeting cosponsored by the American College of Sports Medicine and CDC. This statement was an effort to broaden the scope of recommendations related to activity; it emphasizes opportunities for physical activity rather than only structured exercise and also promotes the health benefits of accumulating moderate amounts of activity over most days of the week.

Proportion of Adults Reporting No Leisure-time Physical Activity



Notes: Adults with disablities are those who report any limitation in activity due to chronic conditions. The definition of no leisure-time physical activity was changed between 1985 and 1991.
Source: CDC/NCHS, National Health Interview Survey

Potential barriers to activity were discussed; many people report that they lack enough time to exercise, often need motivation and support to maintain the habit of regular activity, incorrectly make the association between fitness and thinness, and in many communities are concerned about the lack of safe and accessible places to exercise. Also noted were different barriers for minorities and other priority populations. The importance of

psychological, social, and cultural aspects for American Indians was discussed, as well as the need to involve tribes more directly in the design and development of wellness programs for this population. For older adults, there is a need to improve public and provider education and awareness. The message should be focused on the benefits of physical activity in maintaining health and independence, regardless of age.

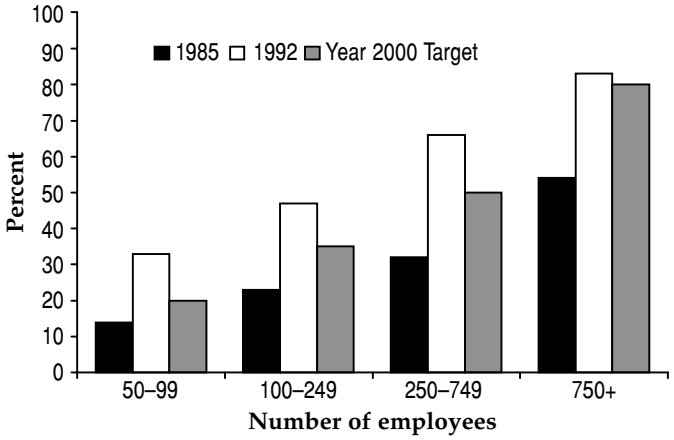
Schools were discussed as a key setting to reach children and adolescents. Unfortunately, there are currently no States that require daily physical education programs as part of the curriculum, and the number of children who participate in daily physical education (objective 1.8) has declined in recent years. For high school students (grades 9 through 12), the data indicate a declining trend in those attending daily physical education from 42 to 34 percent between 1991 and 1993. Data for younger children are not yet available. One approach to help increase participation in school physical education might be to broaden the concept of comprehensive school health to include physical education. CDC is currently funding 10 States to establish the infrastructure for comprehensive school health programs; one of the eight components that can be selected is physical education. Of those children in physical education classes, there are some encouraging trends. Comprehensive school physical education (objective 1.9), as indicated by the percent who exercised at least 20 minutes three to five times per week, increased for high school students from 33 to 43 percent between 1990 and 1993.

An innovative high school program in Queens, New York—Physical Activity and Teenage Health (PATH)—was highlighted. Designed to enhance health and physical fitness in a diverse minority population, the PATH curriculum combines daily exercise with classroom instruction in topics such as nutrition, smoking cessation, stress management, and problem solving. Results have shown improvements in fitness, health knowledge, and behavior.

Issues of access to quality recreation and fitness facilities need to involve the community. As shown in Figure 2, worksite programs offering employer-sponsored physical fitness programs increased (objective 1.10). There are no updated data from the 1986 baseline, however, to track progress for objective 1.11 which seeks to increase availability of community fitness facilities. In addition to the need for data, the discussion emphasized the importance of establishing ties with the business community, since safe and accessible recreation facilities contribute substantially to the quality of life.

The progress review concluded with a summary of action items for pursuing HEALTHY PEOPLE 2000 objectives for Physical Activity and Fitness. In the area of reducing sedentary lifestyles, the following were recommended: in conjunction with the upcoming publication of the *Surgeon General's Report on Physical Activity and Health*, develop a broad-based strategy to help focus attention on the importance of physical activity in maintaining health; identify approaches and develop a plan to change the culture in which people make decisions about physical activity; and take steps to sustain a consistent message about the health benefits of physical activity. In terms of reaching priority populations, actions include identifying strategies to increase the opportunities and motivation for exercise in American Indians; for older adults, summarizing a strategy to help caregivers advise patients about physical activity and increasing efforts to work with managed care organizations so that physical activity is more effectively included in prevention activities; and ensuring that programs and messages are designed to reach minorities and women. For school-based physical education, actions include summarizing information to characterize both educational and health-related returns of youth participation in physical education; developing a strategy to help schools use individual fitness assessments to help strengthen the link with health implications for youth; and developing a plan to increase physical activity as a priority area in grants and programs. To increase access to and the number of facilities, a plan should be developed to help increase grassroots support for people's participation in recreation and activity programs.

Worksites Offering Employer-sponsored Physical Fitness Programs



Source: OASH/ODPHP, National Survey of Worksite Health Promotion Activities

Public Health Service Agencies

Agency for Health Care Policy and Research
Agency for Toxic Substances and Disease Registry
Centers for Disease Control and Prevention
Food and Drug Administration
Health Resources and Services Administration
Indian Health Service
National Institutes of Health
Substance Abuse and Mental Health Services Administration
Office of the Surgeon General

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